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APPLICANTS						
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** CONTINUING DATA *****						
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Verified and Acknowledged <i>m. J. Quest</i> Examiner's Signature			UNITED KINGDOM	0	11	2
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TITLE						
Botulinum Toxin Treatment Of Spastic Bladder						
FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		